

## Welfare to Work (WtW) Program

Name: \_\_\_\_\_

Social Security # \_\_\_\_\_

Phone/Contact # \_\_\_\_\_

### PART I *(Please answer each question completely and print your responses)*

1. What is your understanding of the Welfare to Work (WtW) Program? \_\_\_\_\_

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2. Do you want to stop receiving TANF/Welfare assistance? \_\_\_\_Yes \_\_\_\_No Why? \_\_\_\_\_

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3. What might make it difficult for you to stop receiving TANF/Welfare assistance? \_\_\_\_\_

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4. Do you feel that you can accomplish anything that you set your heart and mind to? \_\_\_\_Yes \_\_\_\_No

5. What do you feel you do best? \_\_\_\_\_

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6. What areas in your life do you think need improvement? \_\_\_\_\_

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7. Why do you want to be a Welfare to Work participant? \_\_\_\_\_

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8. Will you agree to attend the following the WtW Case Manager suggests? (Please check ✓)

Yes	No	Yes	No
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*(over)*

## PART II

9. Name two (2) things that you wanted to accomplish and have successfully completed as of today:
1. \_\_\_\_\_
  2. \_\_\_\_\_
10. Name two (2) goals that you plan to achieve within the next year:
1. \_\_\_\_\_
  2. \_\_\_\_\_
11. Name two (2) goals that you want to accomplish within the next five (5) years:
1. \_\_\_\_\_
  2. \_\_\_\_\_
12. What steps are you going to take to accomplish these goals? \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
13. Name two (2) obstacles or things that may hinder you from achieving your goals:
1. \_\_\_\_\_
  2. \_\_\_\_\_
14. What three (3) things you value for yourself and your children that are important to you?
1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_

## PART III

15. Transportation is often an obstacle for many people. List in order three (3) ways you could get to places you have to go (i.e., interview, work, school, etc.). Please do not list family or friends.
- 1<sup>st</sup> choice \_\_\_\_\_
- 2<sup>nd</sup> choice \_\_\_\_\_
- 3<sup>rd</sup> choice \_\_\_\_\_
16. What would you do if you were informed the government would no longer assist anyone with housing, Medicare, Medicaid, child care, TANF or food stamps, which was to take place within the next four (4) months? Name three (3) things you would do (family/friend must be the last resort).
1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_